



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

BOARD OF MASSAGE & BODYWORK

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

**APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE
INSTRUCTION SHEET**

When to File

You are required to obtain an establishment license from the Board of Massage and Bodywork for each location where you are operating a Massage Establishment as defined by [24 Del. C. §5302](#) and Section 12.0 of the Board's [Rules and Regulations](#). File an application when any of the following occurs:

- You own an **existing** unlicensed massage/bodywork business and this is your **first** application for establishment licensure.
- You are opening a **new** establishment.
- The **ownership** of an existing establishment is changing (*regardless of whether the name is changing*).
- The **name** of an existing establishment is changing (*regardless of whether the owner is changing*).
- The **location** of an existing establishment is changing.

The establishment may need other licenses and permits (such as, a business license from the Division of Revenue or permit from the town/city where the establishment operates).

When NOT to File

You are **NOT** required to file this application if you are practicing in any of the following facilities ([24 Del. C. §5302 \(4\)](#)):

- long-term care facility as defined in [16 Del. C. § 1131\(4\)](#)
- hospital as defined in [16 Del. C § 1001\(3\)](#)
- physician's office
- physical therapy facility
- chiropractic office
- athletic training facility whether or not they employ, contract with, or rent to massage therapists
- institution of higher education when a school employee(s) practices massage therapy on its athletic teams
- currently licensed [cosmetology/barbering establishment](#)
- another business establishment licensed under [Title 24](#) of Delaware law.

Requirements for All Applications

- ☐ Submit completed, signed and notarized [Application for Massage Establishment License](#).
 - **No fee is required for this license!**
- ☐ Submit completed, signed and notarized [Massage Establishment Professional-in-Charge Statement](#).
- ☐ Enclose detailed floor plan on 8 ½" x 11" paper or blueprints that includes entrances and exits, length and width of establishment in feet, the total square feet and location of restrooms.
- ☐ If the owner is a corporation, enclose a copy of the corporate charter and a statement of the registered agent.
- ☐ Enclose a separate sheet showing the following information for *each* owner, director, corporate officer, and employee listed on the application:
 - Name and Address
 - License Number and Expiration Date

All persons providing professional services in the establishment must hold the appropriate professional license. See the Board of Massage and Bodywork [License Law](#) and [Rules and Regulations](#) for more information.



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APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

TYPE OF APPLICATION

1. Check the item that describes why you are filing this application (**check one**):

☐ **Existing Establishment** – This is my first application for an existing massage/bodywork business.

☐ **New Establishment** – I am opening a *new* establishment.

☐ **Change of Ownership** – The ownership of an *existing* establishment has changed.

- Name of establishment as it appears on the current license: _____
- Professional license number from current license: MZ- _____

If approved, a new license number will be issued.

☐ **Change of Name** – The *existing* establishment name has changed.

- Name of establishment as it appears on the current license: _____
- Professional license number from current license: MZ- _____

If approved, a new license number will be issued.

☐ **Relocation** – An *existing* establishment has relocated *but the ownership has not changed*. The Board must approve this application **before** the new location opens.

- Name of establishment as it appears on the current license: _____
- Professional license number from current license: MZ- _____
- Anticipated date of opening: _____

If approved, a new license number will be issued.

CONTACT AND LOCATION INFORMATION

2. Business Name: _____

3. Address of *Physical Location*: _____

Street (no PO Box)

City DE Zip

4. Phone: _____ Email: _____
daytime evening or cell

5. *Mailing Address* (if different): _____

Street

City State Zip

6. Submit a detailed floor plan on 8 ½" x 11" paper or blueprints.

7. Does this establishment comply with all applicable laws and ordinances? Yes ☐ No ☐

OWNERSHIP AND MANAGEMENT INFORMATION

8. Type of Business Owner (check one):

- ☐ Sole Proprietor
☐ Individual with federal employee identification number
☐ Partnership
☐ Corporation – include the names and addresses of the directors (if any) on a separate sheet

If you checked corporation, enclose a copy of the corporate charter and a statement identifying the registered agent.

9. Owner Name(s): _____

10. Owner Mailing Address: _____

Street

City

State

Zip

11. Name of *Professional-in-Charge* of Establishment: _____

12. Delaware Massage License Number of Professional-in-Charge: **M**____ - _____ Expiration Date: _____

13. Professional-in-Charge Address: _____

Street

City

State

Zip

14. Professional-in-Charge Phone: _____ Email: _____

Submit completed, signed and notarized [Massage Establishment Professional-in-Charge Statement](#).

PERSONNEL PROVIDING SERVICES

15. List the full name, Delaware license number, and expiration date of each person who will provide massage services.

Enclose a separate sheet also showing name and mailing address for each person you listed.

FULL NAME	DE MESSAGE LICENSE NUMBER	EXPIRATION DATE
	M ____ - _____	
	M ____ - _____	
	M ____ - _____	
	M ____ - _____	
	M ____ - _____	
	M ____ - _____	

16. Do ***all*** persons who provide massage and bodywork services at this location hold the appropriate Delaware professional massage license? **Yes** ☐ **No** ☐

If Board review is required, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded.

Continued on next page

AFFIDAVIT

I certify that the information I give in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Applicant Signature: _____ Date: _____

State of _____ County or City _____

_____, being first duly sworn, deposes and says that he/she is the person who executed this form, that the statements herein contained are true.

Subscribed and sworn to before me this _____ day of _____, 2_____

SEAL Signature of Notary Public: _____

My Commission expires: _____

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE
REQUIRED FEE WILL BE REJECTED.**



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MESSAGE ESTABLISHMENT PROFESSIONAL-IN-CHARGE STATEMENT

INSTRUCTIONS

When to Complete

Complete this form when...

- applying for a Delaware license for an establishment, **or**
- reporting a change in the Professional-in-Charge of a Delaware-licensed establishment.

Professional-in-Charge Requirements

The Professional-in-Charge of a Delaware-licensed establishment:

- is responsible for complete and adequate supervision of the establishment, including ensuring that all employees are licensed when required by law
- must hold a current Delaware Massage license
- may serve as the Professional-in-Charge for only one establishment at a time.

When the Professional-in-Charge of an establishment changes...

- The outgoing (former) Professional-in-Charge **must** notify the Board in writing **within 10 days** of termination as the Professional-in-Charge.
- The incoming (new) Professional-in-Charge must sign the **PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT** statement on this form.

ESTABLISHMENT INFORMATION

1. Name of Establishment: _____
Enter name as it appears on license or on application for license.

2. Establishment **Location** Address: _____
Street (No PO Boxes)

City State Zip

3. Why are you submitting this form? Check one:

- ☐ The establishment above has applied for a *new Delaware license*. Skip to Question 5.
- ☐ I am reporting a change in the professional-in-charge for the *Delaware-licensed establishment* above. Enter your Delaware Massage Establishment license number: MZ - _____ Continue to next question.

PROFESSIONAL-IN-CHARGE INFORMATION

4. Enter the following information about the **outgoing (former)** Professional-in-Charge:

Full Name: _____

DE Massage License Number: **M**____ - _____ License Expiration Date: _____

5. Enter the following information about the **incoming (new)** Professional-in-Charge:

Full Name: _____

Does this person have an active Delaware Massage license? Yes ☐ No ☐ **If yes, enter the following:**

DE Massage License Number: **M**____ - _____ License Expiration Date: _____.

When does (did) this person become the Professional-in-Charge? _____

The Professional-in-Charge must complete and sign the PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT section below. The acknowledgment must be notarized.

PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT

1. Do you understand that you:

- are responsible for conducting and managing the establishment named above? Yes ☐ No ☐
- must comply with all applicable state and federal laws? Yes ☐ No ☐
- must ensure all employees are licensed when required by law? Yes ☐ No ☐
- must ensure that your license remains in good standing at all times? Yes ☐ No ☐

2. Have you read Section 12.4 of the Board's [Rules and Regulations](#) and understand that you can be a Professional-in-Charge for only **one** shop at a time? Yes ☐ No ☐

3. Do you agree to notify the Board of any change in professional-in-charge **within 10 days**? Yes ☐ No ☐

Professional-in-Charge Signature: _____ Date: _____

Your Email: _____ Your Phone: _____

State of _____ County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this form, that the statements herein contained are true.

Subscribed and sworn to before me this _____ day of _____, 2_____

SEAL

Signature of Notary Public: _____

My Commission expires: _____

Mail this form to:

Board of Massage and Bodywork
861 Silver Lake Blvd., Suite 203
Dover DE 19904-2467